

Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name Ezell Lee
Full Address 407 Country Club Pkwy, MS
Telephone 601-798-5270 (Fax) _____
E-mail _____
Office Sought SENATE Political Party Democrat

RECEIVED
JAN 21 2010

Secretary of State
Capitol Office
DATE STAMP

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

| | (Itemized + non-itemized) | This Period | Calendar year-to-date |
|-------------------------------|---|--------------------|-----------------------|
| Total amount of contributions | <u>5,000.00 LOAN</u> <u>2,000.00</u> | \$ <u>1,700.00</u> | \$ <u>8,700.00</u> |
| Total amount of disbursements | | \$ <u>8,700.00</u> | \$ <u>8,700.00</u> |
| Total amount of cash on hand | <u>- 0 -</u> | \$ <u>- 0 -</u> | |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Ezell Lee
Signature of Candidate

Jan. 21, 2010
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Ezell Lee

Reporting period _____ through _____

ITEMIZED RECEIPTS

| | | | |
|--|--|---------------------------|--|
| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Nonothrop Gremman</u> | | <u>12/1/09</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>8319 ARETH PKWY.</u> | | <u>1/1/10</u> | \$ |
| City, State, Zip Code <u>MOSSBORN, MS. 39503</u> | | <u>1/1/10</u> | \$ |
| Name of Employer (Required) | | <u>1/1/10</u> | \$ |
| Occupation (Required) <u>Shipbuilder</u> | | Aggregate year-to-date | \$ <u>1,000.00</u> |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>MS Power Co. Inc</u> | | <u>12/15/09</u> | \$ <u>500.00</u> |
| Mailing Address <u>2997 West Beach Blvd.</u> | | <u>1/1/10</u> | \$ |
| City, State, Zip Code <u>GULFPORT, MS. 39502</u> | | <u>1/1/10</u> | \$ |
| Name of Employer (Required) | | <u>1/1/10</u> | \$ |
| Occupation (Required) <u>Utility Co.</u> | | Aggregate year-to-date | \$ <u>500.00</u> |
| C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Comcast</u> | | <u>9/12/09</u> | \$ <u>250.00</u> |
| Mailing Address <u>ONE COMCAST CENTER</u> | | <u>1/1/10</u> | \$ |
| City, State, Zip Code <u>1701 JOHN F. KENNEDY BLVD.</u> | | <u>1/1/10</u> | \$ |
| Name of Employer (Required) <u>Philadelphia, PA. 19103</u> | | <u>1/1/10</u> | \$ <u>250.00</u> |
| Occupation (Required) <u>Utilities</u> | | Aggregate year-to-date | \$ |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | | <u>1/1/10</u> | \$ |
| Mailing Address | | <u>1/1/10</u> | \$ |
| City, State, Zip Code | | <u>1/1/10</u> | \$ |
| Name of Employer (Required) | | <u>1/1/10</u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |

Name of Candidate or Committee Ezell Lee
 Reporting period Jan 1, 09 through Jan 29, 2010

ITEMIZED DISBURSEMENTS

| | | |
|---|--|--|
| A. Full name <u>LOAN, Ezell Lee</u> | Date (Mo., Day, Year) <u>3 1 09</u> | Amount of each disbursement this period \$ <u>5,000.00</u> |
| Mailing Address <u>407 COUNTRY CLUB DR</u> | <u>1 1</u> | \$ |
| City, State, Zip Code <u>PICAYUNE, MS 39466</u> | <u>1 1</u> | \$ |
| Purpose of Disbursement (Optional) <u>Repay loan</u> | Aggregate Year-to-date | \$ <u>5,000.00</u> |
| B. Full name <u>Fast master</u> | Date (Mo., Day, Year) <u>8 1 9 09</u> | Amount of each disbursement this period \$ <u>585.70</u> |
| Mailing Address <u>HWY 11 NORTH</u> | <u>1 1</u> | \$ |
| City, State, Zip Code <u>PICAYUNE, MS 39466</u> | <u>1 1</u> | \$ |
| Purpose of Disbursement (Optional) <u>STAMPS & Package material</u> | Aggregate Year-to-date | \$ <u>585.70</u> |
| C. Full name <u>COMMERCIAL PRINTING</u> | Date (Mo., Day, Year) <u>3 1 7 09</u> | Amount of each disbursement this period \$ <u>679.30</u> |
| Mailing Address <u>304 W. CANAL ST.</u> | <u>1 1</u> | \$ |
| City, State, Zip Code <u>PICAYUNE, MS 39466</u> | <u>1 1</u> | \$ |
| Purpose of Disbursement (Optional) <u>CARDS & Stationary</u> | Aggregate Year-to-date | \$ <u>679.30</u> |
| D. Full name <u>Cherron Gas</u> | Date (Mo., Day, Year) <u>1 1 09</u> | Amount of each disbursement this period \$ <u>479.00</u> |
| Mailing Address <u>HWY 43 N</u> | <u>1 1</u> | \$ |
| City, State, Zip Code <u>PICAYUNE, MS 39466</u> | <u>1 1</u> | \$ |
| Purpose of Disbursement (Optional) <u>GAS</u> | Aggregate Year-to-date | \$ <u>479.00</u> |
| E. Full name <u>Reevey Hotel</u> | Date (Mo., Day, Year) <u>1 1 09</u> | Amount of each disbursement this period \$ <u>756.00</u> |
| Mailing Address <u>High St.</u> | <u>1 1</u> | \$ |
| City, State, Zip Code <u>JACKSON, MS.</u> | <u>1 1</u> | \$ |
| Purpose of Disbursement (Optional) <u>Room</u> | Aggregate Year-to-date | \$ <u>756.00</u> |
| F. Full name <u>USM College</u> | Date (Mo., Day, Year) <u>1 1 09</u> | Amount of each disbursement this period \$ <u>500.00</u> |
| Mailing Address <u>USM</u> | <u>1 1</u> | \$ |
| City, State, Zip Code <u>Hattiesburg, MS</u> | <u>1 1</u> | \$ |
| Purpose of Disbursement (Optional) <u>WINGS</u> | Aggregate Year-to-date | \$ <u>500.00</u> |

Name of Candidate or Committee Ezell Lee
 Reporting period Jan. 1, 09 through Jan. 29-2010

ITEMIZED DISBURSEMENTS

| | | |
|---|---|--|
| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>Picayune Booster Club</u> | | |
| Mailing Address | | |
| <u>Good year Blvd.</u> | <u>8-1-09</u> | \$ <u>700.00</u> |
| City, State, Zip Code | | |
| <u>Picayune, MS 39466</u> | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>700.00</u> |
| <u>Activities</u> | | |
| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | | |
| Mailing Address | | |
| | <u> / / </u> | \$ |
| City, State, Zip Code | | |
| | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| | | |
| C. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | | |
| Mailing Address | | |
| | <u> / / </u> | \$ |
| City, State, Zip Code | | |
| | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| | | |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | | |
| Mailing Address | | |
| | <u> / / </u> | \$ |
| City, State, Zip Code | | |
| | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| | | |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | | |
| Mailing Address | | |
| | <u> / / </u> | \$ |
| City, State, Zip Code | | |
| | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| | | |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | | |
| Mailing Address | | |
| | <u> / / </u> | \$ |
| City, State, Zip Code | | |
| | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| | | |